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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing **OR** Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	OC01617K
First Named Inventor	Timothy J. Guzi
COMPLETE IF KNOWN	
Application Number	/
Filing Date	09/03/2003
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole Inventor (if only one name is listed below) or an original, first and joint Inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL PYRAZOLOPYRIMIDINES AS CYCLIN DEPENDENT KINASE INHIBITORS

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/408,027 60/421,959	09/04/2002 10/29/2002	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

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Date 09/03/2003

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, Insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)					
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number <input type="text" value="24265"/> → <input type="checkbox"/> Place Customer Number Bar Code Label here OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name	Registration Number	Name	Registration Number				
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label <input type="text" value="24265"/> OR <input type="checkbox"/> Correspondence address below							
Name	Palaiyur S. Kalyanaraman Reg. No. 28,605						
Address							
Address							
City	State	ZIP					
Country	Telephone	(908) 298-2908	Fax	(908) 298-5388			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle if any)		Family Name or Surname					
Timothy J.		Guzi					
Inventor's Signature				Date			
Residence: City	Chatham	State	NJ	Country	USA	Citizenship	USA
Post Office Address	48 Red Road						
Post Office Address							
City	Chatham	State	NJ	ZIP	07928	Country	USA
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>6</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 6

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Kamil		Paruch	
Inventor's Signature		Date	
Residence: City	Garwood	State	NJ
Country	USA	Citizenship Czech Republic	
Mailing Address 20 Third Avenue			
Mailing Address			
City	Garwood	State	NJ
ZIP	07027	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michael P.		Dwyer	
Inventor's Signature		Date	
Residence: City	Scotch Plains	State	NJ
Country	USA	Citizenship USA	
Mailing Address 235 Katherine Street			
Mailing Address			
City	Scotch Plains	State	NJ
ZIP	07076	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Ronald J.		Doll	
Inventor's Signature		Date	
Residence: City	Convent Station	State	NJ
Country	USA	Citizenship USA	
Mailing Address 8 Concord Lane			
Mailing Address			
City	Convent Station	State	NJ
ZIP	07960	Country	USA

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 6

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Viyyoor M.		Girijavallabhan	
Inventor's Signature		Date	
Residence: City Parsippany	State NJ	Country USA	Citizenship USA
Mailing Address 10 Maplewood Drive			
Mailing Address			
City Parsippany	State NJ	ZIP 07054	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Alan		Mallams	
Inventor's Signature		Date	
Residence: City Hackettstown	State NJ	Country USA	Citizenship USA
Mailing Address 147 Kings Highway, RR3			
Mailing Address			
City Hackettstown	State NJ	ZIP 07840	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Carmen S.		Alvarez	
Inventor's Signature		Date	
Residence: City Livingston	State NJ	Country USA	Citizenship USA
Mailing Address 121 Walnut Street			
Mailing Address			
City Livingston	State NJ	ZIP 07039	Country USA

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 6

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Kartik M.		Keertikar	
Inventor's Signature		Date	
Residence: City	East Windsor	State	NJ
Country	USA	Citizenship	INDIA
Mailing Address 24 Columbia Avenue			
Mailing Address			
City	East Windsor	State	NJ
ZIP	08520	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Jocelyn		Rivera	
Inventor's Signature		Date	
Residence: City	Monmouth Junction	State	NJ
Country	USA	Citizenship	USA
Mailing Address 72 Regal Drive			
Mailing Address			
City	Monmouth Junction	State	NJ
ZIP	08852	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Tin-Yau		Chan	
Inventor's Signature		Date	
Residence: City	Edison	State	NJ
Country	USA	Citizenship	Hong Kong
Mailing Address 26 Barlow Road			
Mailing Address			
City	Edison	State	NJ
ZIP	08817	Country	USA

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 6

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Vincent		Madison	
Inventor's Signature		Date	
Residence: City	Mountain Lakes	State	NJ
Country	USA	Citizenship USA	
Mailing Address 12 Ronarm Drive			
Mailing Address			
City	Mountain Lakes	State	NJ
ZIP	07046	Country USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Thierry O.		Fischmann	
Inventor's Signature		Date	
Residence: City	Scotch Plains	State	NJ
Country	USA	Citizenship USA	
Mailing Address 2700 Sky Top Drive			
Mailing Address			
City	Scotch Plains	State	NJ
ZIP	07076	Country USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Lawrence W.		Dillard	
Inventor's Signature		Date	
Residence: City	Skillman	State	NJ
Country	USA	Citizenship USA	
Mailing Address 278 Spring Hill Road			
Mailing Address			
City	Skillman	State	NJ
ZIP	08558	Country USA	

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 5 of 6

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Vinh D.		Tran	
Inventor's Signature		Date	
Residence: City Fountain Valley	State CA	Country USA	Citizenship USA
Mailing Address 17374 Winemast Street			
Mailing Address			
City Fountain Valley	State CA	ZIP 92708	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Zhen Min		He	
Inventor's Signature		Date	
Residence: City Princeton	State NJ	Country USA	Citizenship USA
Mailing Address 5 Pennyroyal Court			
Mailing Address			
City Princeton	State NJ	ZIP 08540	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Ray Anthony		James	
Inventor's Signature		Date	
Residence: City Bristol	State PA	Country USA	Citizenship USA
Mailing Address 1036 Radcliffe Street			
Mailing Address			
City Bristol	State PA	ZIP 19007	Country USA

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Haengsoon		Park	
Inventor's Signature		Date	
Residence: City Plainsboro	State NJ	Country USA	Citizenship Rep. of Korea
Mailing Address 8910 Tamarron Drive			
Mailing Address			
City Plainsboro	State NJ	ZIP 08536	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Vidyadhar M.		Paradkar	
Inventor's Signature		Date	
Residence: City Somerville	State NJ	Country USA	Citizenship USA
Mailing Address 3 Pine Ridge Drive			
Mailing Address			
City Somerville	State NJ	ZIP 08876	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Douglas Walsh		Hobbs	
Inventor's Signature		Date	
Residence: City Yardley	State PA	Country USA	Citizenship USA
Mailing Address 1330 University Drive			
Mailing Address			
City Yardley	State PA	ZIP 19067	Country USA

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